



King County
Department of Development
and Environmental Services
900 Oakesdale Avenue Southwest
Renton, WA 98057-5212

206-296-6600 TTY 206-296-7217

Web date: 03/19/2008

UNINCORPORATED KING COUNTY
License Application
Massage / Bathhouse

For alternate formats, call 206-296-6600.

Application for businesses in **unincorporated** King County only

APPLICATION FOR:

- ☐ Massage business - \$150
☐ Public Bathhouse - \$150

(Send or bring application and fee to DDES at the address above.
Make checks payable to King County Office of Finance.)

Check one: ☐ New ☐ Renewal

Name of business _____

Phone _____

Business address _____

Mailing address _____

Applicant _____
Name Date of Birth

Home address _____

Own, rent, or lease business premises? _____

If not the owner, list owner _____

Do you own the business for which you seek this license? ☐ Yes ☐ No

If no, what relation to business _____

Please describe in detail the nature of the business:

Check the appropriate box:

☐ Sole-ownership ☐ Partnership ☐ Corporation Name _____

Please provide name, place of birth, and date of birth for owners, partners or officers:

1. _____
Name: First Middle Last

_____ Date of Birth Place of Birth Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

2. _____
 Name: First _____ Middle _____ Last _____

 Date of Birth _____ Place of Birth _____ Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas _____

3. _____
 Name: First _____ Middle _____ Last _____

 Date of Birth _____ Place of Birth _____ Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas _____

4. _____
 Name: First _____ Middle _____ Last _____

 Date of Birth _____ Place of Birth _____ Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas _____

Name, address & date of birth of any other applicant who will share in the profit/loss of this business:

Name	Address	Date of Birth
_____	_____	_____

Has the applicant or any other individual who will share in the profit/loss of this business been previously licensed by King County under this or any other name? ☐ Yes ☐ No

Name/Year/Location: _____

List all arrests and convictions of applicant, owner, partners and/or officers:

Name	Charge	Date	Place	Disposition

I, _____, being first duly sworn on oath, state that I am the above named applicant or the authorized representative of the firm, partnership, or corporation making the application for a King County _____ license, and I declare under penalties of perjury and/or revocation of any license granted, that the answers contained in the application and any accompanying information have been examined by me and that the matters and things set forth are true, correct, and completed. I further swear under penalty of perjury and/or revocation of any license granted that this business is in compliance with all applicable state and local laws governing the operation of this business. I further understand that there are no refunds of the license fee and that falsifications or omissions on the applications are grounds for the denial, suspension, or revocation of the license applied for.

 Applicant's signature

Subscribed and sworn to before me on _____ by _____

 Signature, Notary Public in and for the State of Washington

My appointment expires: _____

Check out the DDES Web site at www.kingcounty.gov/permits